

City of Council Bluffs
Investigative File Request Form

INFORMATION REQUESTED BY: (please print or type)

Name: _____

Address: _____

Telephone: (daytime) _____ Date of Request: _____

I request to _____ examine* _____ copy** the following records: _____

* Labor: A charge of \$14.31 per hour will be made if the time spent retrieving files, supervising the examination of records, and copying of records exceeds fifteen minutes.

**Copies: There will be a minimum service fee of \$5.00 for the first and/or any single copy. Subsequent pages will be billed at the rate of 25 cents per single-sided page.

DETERMINATION & DISPOSITION OF REQUEST

DEPARTMENT Office of Origination _____ Yes _____ No

() Approve () Deny

Reason for denial or condition of approval: _____

Date

Signature of Records Custodian

CITY ATTORNEY Office of Origination _____ Yes _____ No

() Approve () Deny

Reason for denial or condition of approval: _____

Date

City Attorney/Assistant City Attorney

Routing Information: _____
